

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037139

STATE FILE NUMBER

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 194

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED SEP 25 1963

1. PLACE OF DEATH

a. COUNTY Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Rolla

Length of stay in 1b  
2 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Phelps

c. CITY OR TOWN Rolla Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 508 South Olive, St.,

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
508 South Olive St., Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last  
JOHN RAY SAULS.

4. DATE OF DEATH Month Day Year  
Sept. 18, 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 2-17-94

9. AGE (last birthday) 69

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Custodian (Retired)

10b. KIND OF BUSINESS OR INDUSTRY Church.

11. BIRTHPLACE (City and state or country) Maries Co., Mo.,

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME

George Sauls

13b. MOTHER'S MAIDEN NAME

Dora Bell

14. NAME OF HUSBAND OR WIFE

Gladys Sauls.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No ☒ ☐

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Gladys Sauls, 508 S. Olive. Rolla,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH  
30 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial insufficiency

8 hr.

DUE TO (c)

Arteriosclerotic Cardiovascular disease

7.6 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
mild hypertension

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 1957 to time of death and last saw her alive on Sept. 10, 1963  
Death occurred at 7:40AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
Barbara F. Russell M.D.

22b. ADDRESS  
1114 13th St. Rolla Mo

22c. DATE SIGNED  
9/19/63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
9-20-63

23c. NAME OF CEMETERY OR CREMATORY  
Ozark Memorial Gardens Rolla, Mo.

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR  
By Nuff & Son Funeral Home... Rolla

25. DATE RECD. BY LOCAL REG.  
Sept. 19, 1963

26. REGISTRAR'S SIGNATURE  
Madame L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

DATE AMENDED

10817

08172

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9420.1

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12 90-0

13 1-0

SEP 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.